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REQUEST FOR

CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Commission for Patents Box RCE Washington, DC 20231

information unless it displays a valid OMB control number.				
Application Number	09/839,163			
Nullibei				
Filing Date	April 23, 2001			
First Named				
Inventor	OOWAKI			
Art Unit				
	2673			
Examiner Name	Leonid Shapiro			
Attorney Docket Number	HITA 0050			
Docket Number 1	HITA.0050			

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plan application filed prior to June 8, 1995 or to any design application. See instruction Speet for RCEs (not to be submitted to the USPTO) on page 2.

or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.							
	a. Previously s i. Consi ii. Consi iii. Other b. Enclosed i. Amen	der the amendment(s)/reply der the arguments in the Ap	peal Brief or Re	eply Brief pre ——— nformation Di			
		on of action on the above-id nonths. (Period of suspensi					
 3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. ☐ The Director is hereby authorized to charge any additional fees, or credit any overpayments to Deposit Account No. 08-1480 i. ☐ RCE fee required under 37 CFR 1.17(e) ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17) iii. ☐ Other							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
	me (Print/Type)	Juan Carlos A. Marquez			NO. (attorney/agent)	34,072	
Name (Print/Type)		Stanley P. Fisher			NO. (attorney/agent)	24,344	
Sig	nature	HILL KOVI	7	Date	October 19, 2004		
mai Sta	I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the United States and Trademark Office on the date shown below. Name (Print/Type)						
	Signature	This form is estimated to take 0.2 hours		Date			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradearmk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

10/20/2004 EFLORES 00000054 09839163

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

咖啡 劉	
In re U.S. Patent Application of)
In the U.S. Patent Application of OOWAKI et al.)
e N°OOWAKI et al.) Art Unit 2673
Application Number: 09/839,163) Examiner
) Shapiro, Leonid
Filed: April 23, 2001)
For: Liquid Crystal Display Device	RECEIVED
Attorney Docket No.: HITA.0050	OCT 2 1 2004
	Technology Center 2600

Honorable Assistant Commissioner for Patents Washington, D.C. 20231

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

For	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS PAID	RATE	CALCULATION
Total Claims	14	14	(Over 20)	x \$18	0.00
Independent Claims	6 6		4 (Over 3)	x \$88	0.00
MULTIPLE DEPENDENT CLAIM(S)				+ \$300	0
	LING BY SMALL ENTITY LIFIED STATEMENT MUS	(note 37 C.F.R. §§ 1.9, 1.27 F BE ATTACHED	, 1.28).	x ½	
			. TOTA	0.00	

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[2	ĸ]	Response to Office Action	[X	[]	Petition for Ext. of Time (3 month)
		(with Claim Amendments)	[]	Terminal Disclaimer
[]	Substitute Specification & marked-up copy	[]	Letter to Draftsperson
[]	Preliminary Amendment	[]	Assignment
[]	Other	[x	[]	Request for Continued Examination

[]	Please charge my Deposit Account Number for A duplicate copy of the		to cover the fees		
[x]	Checks in the amount of \$980.00 to cover the three fee is enclosed.	:-month extension fee and	\$790.00 for the RCE		
[x]	The Commissioner is hereby authorized to charge any additional fees associated with the communication, or credit any overpayment to Deposit Account Number 08-1480 .				
	Respec	tfully submitted,			
	Registr Juan C	P. Fisher ration Number 24,344 arlos A. Marquez ration No. 34,072			

REED SMITH LLP 3110 Fairview Park Drive Suite 1400 Falls Church, Virginia 22042 (703) 641-4200

October 19, 2004